

# HEALTHCARE PROVIDER ORDERS/DIABETES MEDICAL MANAGEMENT PLAN

STUDENT WITH DIABETES USING INSULIN **PUMP** (MONTANA FORM VERSION 3/23/2015)

<b>EFFECTIVE DATE:</b>	End Date:
<b>STUDENT'S NAME:</b>	Date of Birth:

**DIABETES HEALTHCARE PROVIDER INFORMATION** Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ School Fax: \_\_\_\_\_

⇒ **See accompanying Algorithm for Blood Glucose Results as supplement to these orders\*\*\***

**Monitor Blood Glucose** -  Check as needed if student has symptoms of high or low blood glucose or does not feel well

<input type="checkbox"/> Before lunch	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Before PE	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Before leaving school	<input type="checkbox"/> Other: _____

Where to check:  Anywhere  Classroom  Health office  Other: \_\_\_\_\_

**Insulin Pump Information:**  Humalog or NovoLog or Apidra by pump  Other: \_\_\_\_\_

<p><b>Carbohydrate Coverage:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Give 1 unit of insulin per:</td></tr> <tr><td>_____ gm carbohydrate at breakfast</td></tr> <tr><td>_____ gm carbohydrate at AM snack</td></tr> <tr><td>_____ gm carbohydrate at lunch</td></tr> <tr><td>_____ gm carbohydrate at PM snack</td></tr> </table> <p>Bolus should occur: <input type="checkbox"/> before eating, or  <input type="checkbox"/> other: _____</p>	Give 1 unit of insulin per:	_____ gm carbohydrate at breakfast	_____ gm carbohydrate at AM snack	_____ gm carbohydrate at lunch	_____ gm carbohydrate at PM snack	<p><b>Correction Bolus for Hyperglycemia:</b></p> <p>All blood glucose results should be entered into pump.</p> <p>Times given: <input type="checkbox"/> Before am snack <input type="checkbox"/> Before lunch  <input type="checkbox"/> Before pm snack <input type="checkbox"/> Use pump suggested correction  <input type="checkbox"/> Other: _____</p> <p><b>Give 1 unit of insulin for every _____ mg/dl, with a target blood glucose of _____ mg/dl.</b></p> <p><b>Formula used to calculate correction:</b>                  Blood glucose _____ minus (-) target blood glucose _____ = _____                  Then divide (÷) by correction factor (_____) = _____.</p>
Give 1 unit of insulin per:						
_____ gm carbohydrate at breakfast						
_____ gm carbohydrate at AM snack						
_____ gm carbohydrate at lunch						
_____ gm carbohydrate at PM snack						

**Check Ketones** if nauseated, vomiting or has abdominal pain, or if blood glucose > 300 twice when tested 2-3 hours apart.

Use correction formula via syringe/pen.  
 Use correction formula via syringe/pen, and give an additional \_\_\_\_\_ units of insulin for moderate ketones, and \_\_\_\_\_ units for large ketones.

\*\*\* Repeat ketone check in 2 hours, and repeat additional insulin if moderate or large ketones are still present.

\* Basal insulin will be running continuously during school. Notes: \_\_\_\_\_  
 \* If infusion set comes out or needs to be changed:  Insulin via syringe every 3 hours  Change set at school

**Moderate Exercise (lasting 30 minutes or more) and Sports with Pump:**  
 Temporary Basal Decrease:  No  Yes (\_\_\_\_\_ % for \_\_\_\_\_ minutes OR  for duration of exercise)  
 Student should monitor blood glucose hourly or when there are signs/symptoms of low/high blood glucose.

**Diabetes Medications:**

**Glucagon (for emergency low blood glucose)** - Dose:  0.5 mg  1.0 mg Given IM or SC per thigh or arm

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Times to be given: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Times to be given: \_\_\_\_\_

<b>HCP Assessment of Student's Diabetes Management Skills:</b>				<b>Parent/Guardian Authority:</b>
<i>Skill</i>	<i>Independent</i>	<i>Needs supervision</i>	<i>Cannot do</i>	* To adjust insulin dose: <input type="checkbox"/> Yes <input type="checkbox"/> No * To change frequency of blood glucose monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Notes:</b>
Check blood glucose				
Count carbohydrates				
Deliver insulin bolus				
Change infusion set				
Calculate dose & inject				
Trouble shoot alarms, malfunctions				
<input type="checkbox"/> Student may advance in independence through school year if school/parent agrees.				

<b>HEALTHCARE PROVIDER SIGNATURE/STAMP:</b>	Date:
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<b>PARENT/ GUARDIAN SIGNATURE:</b>	Date:
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**UPDATES TO THE  
HEALTHCARE PROVIDER ORDERS/DIABETES MEDICAL MANAGEMENT PLAN  
STUDENT WITH DIABETES USING INSULIN PUMP**

<b>STUDENT'S NAME:</b>	Date of Birth:
<b>DIABETES HEALTHCARE PROVIDER INFORMATION</b> Name:	
Phone #:	Fax #:
Email:	
<b>SCHOOL:</b>	School Fax:

**Effective  
Date:**

**Update:**

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	